

Call out box: PST and PTSD

What about using PST as a therapeutic intervention for post-traumatic stress disorder (PTSD)?

Many people with mild to moderate symptoms of PTSD also screen positive for depression and/or anxiety. For many of these patients the trauma they experienced was in the past. In these cases PST and/or behavioral activation can be used to deal with current symptoms. If PST and/or behavioral activation, alone or in conjunction with medication, is not effective in alleviating symptoms another EBP should be used. Which EBP to use next should be based on the particular constellation of symptoms that are not responding to treatment. If the symptoms not improving are primarily PTSD-related, other EBPs to consider are Prolonged Exposure Therapy (PE-PTSD) or Seeking Safety. If the symptoms not improving are primarily depression or anxiety related, another EBP to consider is Cognitive-Behavioral Therapy (CBT).

Patients with a recent, acute trauma resulting in a primary diagnosis of moderate to severe PTSD are best served in a comprehensive mental health clinic (Tier I) with treatments, including medication and/or psychotherapeutic interventions, designed to address acute symptoms of PTSD (i.e., PE-PTSD or Seeking Safety).